## TOWN OF BRAINTREE

## MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

	DATE		20	Permit #		Fee	
Owner's Name	Iding Location						
New	Renovation						
	FIXTURES	Bsmt.	1st Fl.	2nd Fl.	3rd Fl.	4th Fl.	
	Boilers						
	Conversion Burners						
	Direct Vent Heaters						
	Dryers						
	Furnaces						
	Generators						
	Grills						
	Laboratory Cocks						
	Ovens						
	Pool Heaters						
	Ranges						
	Roof Top Units						
	Unit Heaters				·		
	Vented Room Heater						
	Water Heaters						
	Test						
	Other						
Installing Company NameAddressTown/City				_ 🗆 Corpor	ation	Certificate	
					. —		
Business Telephone							
Name of Licensed P	iumber						
INSURANCE COVERA of MGL Ch. 142.	AGE: I have a current liabil Yes □		y or its subs Io □	tantial equivalent	which meets th	e requirements	
	yes, please indicate the urance policy □	type coverage by Other type	_	•	box. Bond 🗆		
OWNER'S INSURA	NCE WAIVER: I am awa	re the the license	e does no	t have the insura	ince coverage	required by	
	Mass, General Laws, and			ermit application	waives this re	equirement.	
Signature of Owner or	Owner's Agent			Owner $\square$	Agen	t 🗆	
I hereby certify that all of and that all plumbing wor	the details and information I hak and installations performed umbing Code and Chapter 142 of	inder the permit issu	ered) in aboved for this app	e application are tru plication will be in co	e and accurate to impliance with all	o the best of my knowledge pertinent provisions of the	
By		Type of Licens License Number		Plumber	□ Gas Fitte	er 🛭 Master	
City/Town							
APPROVED (OFFICE U	SE ONLY)	Signature of Licensed Plumber					